

Table 1 Summary of responses to the key questions in stage 1.

Question	No (%) response		
	Yes	No	Missing
Do you routinely offer phase III cardiac rehabilitation to people with heart failure? (n=224)	90 (40.1)	134 (59.9)	NA
Which of these best describes the heart failure pathway into cardiac rehabilitation in your area?			
Usually only if they have been referred for acute myocardial infarction or revascularisation (n=90)	39 (43.3)	12 (13.3)	39 (43.4)
We offer cardiac rehabilitation to all people with heart failure regardless of the cause (n=90)	56 (62.2)	17 (18.9)	17 (18.9)
We don't usually take people with diastolic heart failure (n=90)	11 (12.2)	22 (24.4)	57 (63.3)
Do you provide a separate programme for heart failure patients? (n=90)	35 (38.9)	52 (57.8)	3 (3.3)
If yes, are spouses/partners invited to participate in cardiac rehabilitation? (n=90)	37 (41.1)	29 (32.2)	24 (26.7)
Do you provide a home based cardiac rehabilitation programme for heart failure? (n=90)	27 (30.0)	56 (62.2)	7 (7.8)
Do you provide a hospital/centre based programme for patients with heart failure? (n=90)	72 (80.0)	15 (16.7)	3 (3.3)
Do you offer heart failure patients a choice of home or centre based cardiac rehabilitation? (n=90)	30 (33.3)	56 (62.2)	4 (4.4)
Do you offer cardiac rehabilitation to New York Heart Association class IV patients? (n=90)	16 (17.8)	56 (62.2)	18 (20.0)
Do any of the following factors influence you in offering/not offering cardiac rehabilitation to people with heart failure?			
Not enough resources (n=90)	29 (32.2)	50 (55.6)	11 (12.2)
HF patients are not included in our contract with the commissioners (n=90)	16 (17.8)	54 (60.0)	20 (22.2)
We are not confident that we have the right skill mix/knowledge to manage these patients (n=90)	8 (8.9)	67 (74.4)	15 (16.7)
Lack of evidence/guidance on safety (n=90)	6 (6.7)	71 (78.9)	13 (14.4)
Lack of evidence on clinical benefit (n=90)	2 (2.6)	74 (82.2)	14 (15.6)

NA=not applicable.